



LAP07Rec'd PCT 26 DEC 2007

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Intellectual Property Examination of

: Confirmation No. 3477

Hideaki MATSUHASHI

: Attorney Docket No. 2005_1875A

Serial No. 10/562,446

: Group Art Unit 3748

Filed December 27, 2005

: Examiner Mary Alice Davis

SCROLL COMPRESSOR AND METHOD FOR
MACHINING SCROLL WRAP

: Mail Stop: AMENDMENT

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEES FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975

Sir:

Attached hereto is a check in the amount of \$100.00 to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter

Excess of Twenty \$100.00

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Hideaki MATSUHASHI

By *Joseph M. Gorski*

Joseph M. Gorski
Registration No. 46,500
Attorney for Applicant

12/28/2007, GFREY1 00000122 10562446

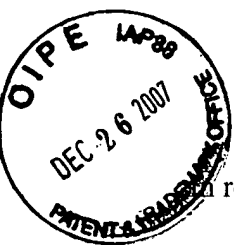
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December 26, 2007

[Check No. 83945]

2005_1875A



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re application of : **Confirmation No. 3477**
Hideaki MATSUHASHI : Attorney Docket No. 2005_1875A
Serial No. 10/562,446 : Group Art Unit 3748
Filed December 27, 2005 : Examiner Mary Alice Davis
SCROLL COMPRESSOR AND METHOD : **Mail Stop: AMENDMENT**
FOR MACHINING SCROLL WRAP

ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED
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FEES FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): 2 x	(\$ 25 = \$)	or	(\$50 = \$100)
Indep. Claims exceeding 3 (not already paid for): x	(\$105 = \$)	or	(\$210 = \$)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$185 = \$)	or	(\$370 = \$)
Total Additional Fee =	\$	or	<u>\$100.00</u>

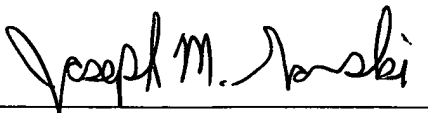
- ☐ Small entity status of this application has been previously asserted.
- ☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
- ☐ is enclosed or
- ☐ has been previously submitted.

[X] A check in the amount of \$100.00 is enclosed.

[] Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Hideaki MATSUHASHI

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